and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

Subtitle C—Other Health Care Matters

SEC. 121. MODIFICATION OF DETERMINATION OF ELIGIBILITY OF VETERANS FOR TREATMENT AS A LOW-INCOME FAMILY FOR PURPOSES OF ENROLLMENT IN THE PATIENT ENROLLMENT SYSTEM OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) AREAS OF RESIDENCE.—The Secretary of Veterans Affairs shall modify the areas in which veterans reside as specified for purposes of determining whether veterans qualify for treatment as low-income families for enrollment in the patient enrollment system of the Department of Veterans Affairs under section 1705(a)(7) of title 38, United States Code, to meet the requirements as follows:

(1) Any area so specified shall be within only one State.

(2) Any area so specified shall be coextensive with one or more counties (or similar political subdivisions) in the State concerned.

(b) VARIABLE INCOME THRESHOLDS.—The Secretary shall modify the thresholds for income as specified for purposes of determining whether veterans qualify for treatment as low-income families for enrollment in the patient enrollment system referred to in subsection (a) to meet the requirements as follows:

(1) There shall be one income threshold for each State, equal to 100 percent of the highest income threshold among—

(A) the counties or metropolitan statistical areas within such State; and

(B) any metropolitan statistical area that encompasses territory of such State and one or more other States.

(2) The calculation of the highest income threshold of a county or metropolitan statistical area shall be consistent with the calculation used for purposes of section 3(b) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)).

(3) The timing and methodology for implementing any modifications in geographic income thresholds pursuant to paragraph (1) shall be determined by the Secretary in such a manner as to permit the Department to build capacity for enrolling such additional veterans in the patient enrollment system of the Department as become eligible for enrollment as a result of such modifications, except that all required modifications shall be completed not later than five years after date of the enactment of this Act.

(c) METROPOLITAN STATISTICAL AREA.—In this section, the term ''metropolitan statistical area'' has the meaning given that term by the Office of Management and Budget.

SEC. 122. GUARANTEE OF HEALTH CARE BENEFITS FOR ENROLLED VETERANS.

The Secretary of Veterans Affairs shall ensure that all veterans, once enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705(a) of title 38, United States Code, remain enrolled in such system and may continue receiving health care furnished by the Department if they choose, subject to such cost-sharing requirements as may apply to the veteran under existing provisions of law.

SA 5060. Mr. PAUL submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____. OFFSET THROUGH TEMPORARY REDUCTION IN FOREIGN ASSISTANCE PROGRAMS.

During the 10-year period beginning on October 1, 2022, no Federal funds may be expended by the United States Agency for International Development other than funds that have been appropriated for Israel.

SA 5061. Ms. LUMMIS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 58, strike line 19 and all that follows through page 61, line 11, and insert the following:

(c) EFFECTIVE DATES AND APPLICABILITY.—

(1) IN GENERAL.—The amendment made by subsection (b) shall take effect on the date of the enactment of this Act and shall apply as follows:

(A) On the date of the enactment of this Act for claimants for dependency and indemnity compensation under chapter 13 of title 38, United States Code, and for veterans whom the Secretary of Veterans Affairs determines are—

(i) terminally ill;

(ii) homeless;

(iii) under extreme financial hardship;

(iv) more than 85 years old; or

(v) capable of demonstrating other sufficient cause.

(B) On October 1, 2022, for everyone not described in subparagraph (A).

(2) RETROACTIVE APPLICATION.—Notwithstanding any Federal court decisions or settlements in effect on the day before the date of the enactment of this Act, the Secretary of Veterans Affairs shall award retroactive claims for a condition under section 1116(a)(2)(L) of title 38, United States Code, as added by subsection (b) of this section, only to claimants for dependency and indemnity compensation under chapter 13 of such title described in paragraph (1)(A) of this subsection.

SA 5062. Ms. LUMMIS submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 58, strike line 5 and all that follows through page 61, line 11.

SA 5063. Mr. MORAN submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

Beginning on page 117, strike line 22 and all that follows through page 121, line 12.

SA 5064. Mr. MORAN submitted an amendment intended to be proposed to amendment SA 5051 submitted by Mr. TESTER (for himself and Mr. MORAN) and intended to be proposed to the bill H.R. 3967, to improve health care and benefits for veterans exposed to toxic substances, and for other purposes; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

Subtitle C—Other Health Care Matters

SEC. 121. MODIFICATION TO STANDARDS FOR ACCESS TO HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT PROVIDERS.

(a) IN GENERAL.—Section 1703B of title 38, United States Code, is amended—

(1) by striking subsections (a) through (e) and inserting the following new subsections:

''(a) THRESHOLD ELIGIBILITY STANDARDS FOR ACCESS TO COMMUNITY CARE.—(1) A covered veteran may elect to receive non-Department hospital care, medical services, or extended care services through the Veterans Community Care Program under section 1703 of this title pursuant to subsection (d)(1)(D) of such section using the following eligibility access standards:

''(A) With respect to primary care, mental health care, or non-institutional extended care services, if the Department cannot schedule an appointment for the covered veteran with a health care provider of the Department—

''(i) within 30 minutes average driving time from the residence of the veteran; and

''(ii) within 20 days of the date of request for such an appointment unless a later date has been agreed to by the veteran in consultation with the health care provider.

''(B) With respect to specialty care or specialty services, if the Department cannot schedule an appointment for the covered veteran with a health care provider of the Department—

''(i) within 60 minutes average driving time from the residence of the veteran; and

''(ii) within 28 days of the date of request for such an appointment unless a later date has been agreed to by the veteran in consultation with the health care provider.

''(2) For the purposes of determining the eligibility of a covered veteran for care or services under paragraph (1), the Secretary shall not take into consideration the availability of telehealth appointments from the Department when determining whether the Department is able to furnish such care or services in a manner that complies with the eligibility access standards under such paragraph.

''(b) ACCESS TO CARE STANDARDS FOR COMMUNITY CARE.—(1) Subject to subsection (c), the Secretary shall meet the following access to care standards when furnishing non-Department hospital care, medical services, or extended care services to a covered veteran through the Veterans Community Care Program under section 1703 of this title:

''(A) With respect to an appointment for primary care, mental health care, or non-institutional extended care services—

''(i) within 30 minutes average driving time from the residence of the veteran unless a longer driving time has been agreed to by the veteran; and

''(ii) within 20 days of the date of request for such an appointment unless a later date has been agreed to by the veteran.

''(B) With respect to an appointment for specialty care or specialty services—

''(i) within 60 minutes average driving time from the residence of the veteran unless a